



The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Registration of Respiratory Care
239 Causeway Street, Boston MA 02114

(617) 727-1747

www.state.ma.us/reg/boards/rc

Full License Application

Please print or type all information

1. Full Name

Last First Middle Maiden/Other

2. Residence

Number Street Apt

City/Town State Zip Code () Phone Number

3. Date of Birth: _____

4. Social Security Number |__|_|_| - |__|_|_| - |__|_|_|_|_| (MANDATORY)

You **must** provide your social security as part of your application. Pursuant to G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

5. Massachusetts Employer Name _____
(if known)

City/Town _____ State _____ Zip Code _____

6. Education: Provide official documentation of completion of an accredited respiratory therapy education program.. Documentation must be included in school-sealed envelope.

- 7. Certification:** Are you credentialed [CRT or RRT] by the National Board for Respiratory Care (NBRC)?
Yes ____ No ____

If **yes**, arrange for an official NBRC Request for Verification of Credentials to be sent directly to the Board from NBRC

- 8. Licensure by Endorsement Applicants:** Have you ever been licensed or are you currently licensed in another state or U.S. jurisdiction? Yes ____ No ____

State *currently* licensed in is _____ License # _____

If **yes**, have an official verification of the status of your license sent directly to the Board from every state in which you have been licensed

- 9.** Are you the subject of any pending disciplinary action(s) or has any disciplinary action been taken against you within the past 10 years by any governmental agency (e.g. a licensing board) or a third party insurance carrier or a professional association? Yes ____ No ____

If **yes**, attach a complete explanation of any such action(s).

- 10.** Have you voluntarily surrendered or resigned any professional license to a licensing board or certification board within the past 10 years? Yes ____ No ____

If **yes**, attach a complete explanation of any such action(s)

- 11.** Have you been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed?

Yes ____ No ____

If **yes**, attach a complete explanation of any such action(s), including a copy of relevant court documents.

- 12.** Pursuant to G.L. c. 62C, s. 49A, I have filed all Massachusetts tax returns and paid all Massachusetts taxes required by law?

Yes ____ No ____

If **no**, attach a complete explanation.

- 13.** Pursuant to G.L. c. 119, s. 51A and G.L. c. 112, s. 1A, I certify that I will fulfill my obligation to report the abuse or neglect of children.

Yes ____ No ____

AFFIDAVIT - I hereby authorize all hospitals, institutions, credentialing agencies, organizations, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Board of Respiratory Care any information, files or records requested by the Board in connection with the processing of my application. I further authorize the Board of Respiratory Care to release information contained in this application in association with its processing.

The MA Board of Respiratory Care has been certified by the Criminal History Systems Board for access to all criminal case data. As an applicant for a license as a Respiratory Therapist, I acknowledge that a criminal record check may be conducted for any existing criminal case information and that it will not necessarily disqualify me from licensure.

I agree to abide by the rules and regulations for licensing in Respiratory Care as defined in and promulgated pursuant to G.L. c. 112, ss. 23R through 23BB.

I attest that the statements made herein are truthful and are made under the pains and penalties of perjury

Attach a
2" by 2"
passport-type
color
photo

Applicant's Signature **signed in the presence of a notary** Date

Notary Name (print) _____

Notary Signature _____

My commission expires on : _____

A copy of the statute & regulations pertaining to Respiratory Care is available on the Board's web site at www.state.ma.us/reg/boards/rc, or from the State House Bookstore, Room 116, State House, Boston, MA 02133. Phone: (617) 727-2834. The statutes for Respiratory Care are Massachusetts General Laws, Chapter 13, section 11B and Chapter 112, sections 23R through 23BB. The Board regulations are 261 Code of MA Regulations, sections 2.00 through 5.00.

Attach a non-refundable fee of \$175.00 (check or Money Order) payable to the Commonwealth of Massachusetts